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Oklahoma Department of Human Services

FISCAL YEAR 1984

Annual Report

July 1, 1983 to June 30, 1984

This report was prepared under the direction of the Oklahoma Commission for Human Services in compliance with Oklahoma Statutes, Title 56, Section 162 (f). Major program and administration developments of fiscal 1984 are described in this first volume. It will be supplemented by a statistical appendix containing detailed tables and charts.

Chairman
REGINALD D. BARNES
Tulsa
(2-62 to present)

Vice Chairman
MRS. JANE HARTLEY
Vinita
(3-70 to present)

Second Vice Chairman
W.E. FARHA
Bristow
(12-53 to 1-63 and 11-72 to present)

ALBERT FURR
Atoka
(7-83 to present)

ROBERT FULTON
Director of Human Services

SHARON SHARP
Secretary to the Commission & the Director

CHASE GORDON
Advocate General

DEBORAH ROTHE
Ombudsman

SAM ARMSTRONG
Special Assistant for Public Information

DAVID SHAFER
Special Assistant

CHARLES McDERMOTT
Special Assistant Resource Mobilization

Program Components

HANNAH ATKINS
Assistant Director for Services for the Aging

JEAN COOPER
Assistant Director for Developmental Disability Services

MICHAEL FOGARTY
Assistant Director for Medical Services

Support Components

WINSTON BARTON
Assistant Director for Finance & Administration

CHARLES GARRETT
Assistant Director for Audit & Review

STACY HALL
Assistant Director for Personnel Resources

LEON N. GILBERT, M.D.
Bethany
(10-62 to present)

R.M. GREER
Enid
(8-53 to present)

DAVID L. WALTERS
Okla. City
(5-83 to present)

CARL E. WARD, O.D.
Sayre
(4-72 to present)

DAVID W. WAY
Norman
(9-82 to present)

Oklahoma Commission for Human Services

Established by a 1936 amendment to the state constitution, the Oklahoma Commission for Human Services is the nine-member governing board for the Department of Human Services. Members are appointed by the Governor to staggered nine-year terms, with one term expiring each August.

Department of Human Services

Appointed by the Commission, Robert Fulton became Director of Human Services July 16, 1983. He replaced Henry Bellmon who served as Director from Jan. 1 to July 15, 1983.

The program components are responsible for administering one or more programs assigned to DHS. The support components have responsibility for essential policy and administrative functions which support the entire range of DHS programs.

MARGARET JANOWSKI
Administrative Secretary

WOODROW HOGUE
Assistant Director for Payments & Services

OWEN RENNERT, M.D.
Interim Executive Chief of Staff for Oklahoma Teaching Hospitals

CONLEY TUNNELL
Assistant Director for Children & Youth Services

JAMES WEST
Assistant Director for Rehabilitation Services

DAN FITZGERALD
Assistant Director for Field Operations

VIANN HARDY
Assistant Director for Management Information

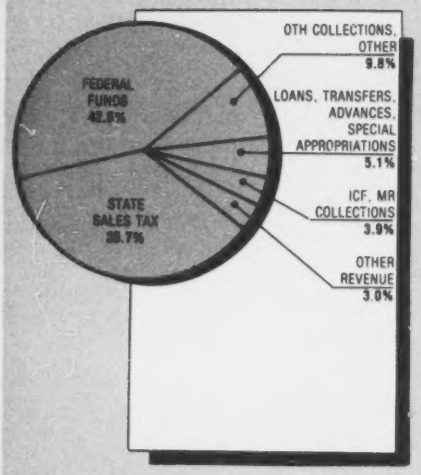
GEORGE MILLER
Assistant Director for External Relations

CHARLES WATERS
General Counsel

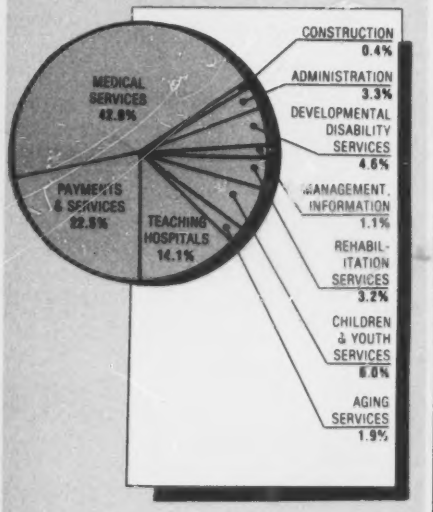
MARK YESSIAN
Assistant Director for Policy Analysis

FY 1984 Highlights

DHS Receipts
Total: $1.03 billion


OTH COLLECTIONS, OTHER 9.8%
FEDERAL FUNDS 42.5%
LOANS, TRANSFERS, ADVANCES, SPECIAL APPROPRIATIONS 5.1%
STATE SALES TAX 38.7%
ICF, MR COLLECTIONS 3.9%
OTHER REVENUE 3.0%

DHS Expenditures
Total: $1.03 billion



It was a year of doing more with less as DHS workers coped with continuing revenue shortfalls and a still-heavy demand for human services.

Oklahoma's lagging economic recovery was reflected in declining revenues from the state sales tax appropriated by the Legislature to the state human services fund. Sales tax receipts were down by $3 million from fiscal 1983, and by $61 million from fiscal 1982.

Federal matching rates for Oklahoma were reduced during fiscal 1984, based on Oklahomans' per capita income from oil and gas boom prosperity during the 1979-81 period. This had the effect of reducing federal funding while the state's economy remained in a recession.

The resulting shortfalls were made up by $52.6 million in loans, transfers, advances and special appropriations authorized by the Legislature and by budget cuts which reduced spending by $25.7 million below fiscal 1983 levels. Expenditures totaled $1.03 billion in state and federal funds.

It was the agency's first year under the leadership of Director Robert Fulton, who came to DHS from the post of senior counsel with the U.S. Senate budget committee. Fulton helped prepare the 1983 report of former Director Henry Bellmon containing recommendations for strengthening the department.

It was a year when indicators of basic human needs continued to climb: nearly 528,000 Oklahomans received food stamps sometime during the year; as the year ended, 10,000 more persons were receiving monthly cash grants in the Aid to Families with Dependent Children program; and confirmed cases of child abuse increased by 10 percent over fiscal 1983.

Because of limited funding, the number of full-time equivalent employees was reduced by about 340 persons during the year, for a total staff reduction of more than 1,500 employees since December 1982.

Construction projects were down by $13.2 million or 75 percent, and were primarily limited to urgent repairs, to renovations needed to bring state schools for the mentally retarded into compliance with federal standards and to renovations of part of Oklahoma Memorial Hospital.

Despite staff and budget constraints, basic services were maintained and program reductions were held to a minimum. Programs and institutions in several areas received national recognition for excellence:

—The Employment and Training program received the U.S. Social Security Administration's highest public service award for leadership in establishing work programs for AFDC recipients and for sharing that knowledge with other states. It was the first time the award had been presented in the past 10 years.

—The Disability Determination Services Unit, which adjudicates all Oklahoma applicants for Social Security disability insurance benefits, ranked first in the nation with 100 percent initial accuracy ratings for October-December 1983. The unit ranked in the nation's top 10 all year, and DHS workers' productivity was 20 percent better than the national average for most of the year.

—Court Related and Community Services became the first DHS juvenile program to receive full American Correctional Association accreditation covering group homes and field operations including intake, probation and aftercare services.

—The L.E. Rader Intensive Treatment Center in Sand Springs, the 13th juvenile facility in the nation to complete an on-site audit for ACA accreditation, met 97.92 percent of 384 stringent standards to earn the highest score given since audits of juvenile facilities for ACA were begun in 1979.

—The Oklahoma Teaching Hospitals received a three-year accreditation from the Joint Commission on Accreditation of Hospitals, following an evaluation of performance against national standards developed by leaders in health care.

It was a year of continuing work to expand community-based services, including a major effort for developmentally disabled Oklahomans. The number of group homes serving the mentally retarded doubled, from 20 to 40, to provide 176 new beds. The percentage of mildly and moderately retarded adults living in state institutions dropped from 40 percent to 30 percent.

It was a year of community outreach, of coordinating efforts with other state agencies to stretch resources.

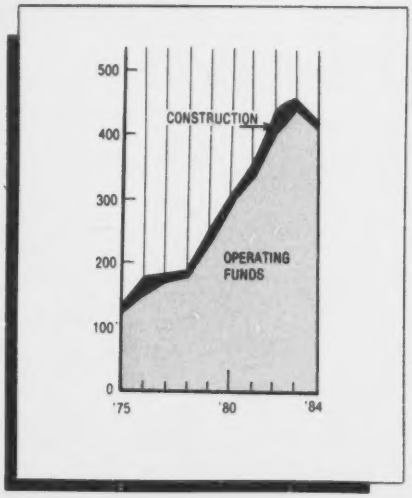
Altogether, 13,000 DHS employees provided cash, medical and social services that directly or indirectly touched the lives of one-third of Oklahoma's population.

Recommendations from the Bellmon Report were a blueprint for DHS operations in 1984. Guidelines also were supplied by three major performance audits contracted with the outside firms of MGT of America, Inc.; Arthur Young and Company; and Ernest and Whinney, in addition to fiscal and compliance audits by the state Auditor and Inspector.

Two major organizational announcements were made during fiscal 1984. In October 1983, the Developmental Disabilities, Management Information and External Relations Divisions were created.

Several other changes in the overall DHS organization were also made at that time. In April 1984 a plan for supervising DHS field activities through five regional offices was announced.

DHS state funding
FY 1975—1984



Much of the increased state funding for DHS during the period charted above was used for construction costs, particularly at the teaching hospitals, and for increases in programs such as Medicaid payments.

The sales tax declined more than $61 million from 1982 to 1984 as the recession finally hit Oklahoma, and the Legislature made special appropriations, advances and loans to moderate the loss in state funding to DHS.

Sources of DHS revenue

	Year Ending 6-30-83	Year Ending 6-30-84	Percent of change
Federal funds	$452.29 mil.	$438.56 mil.	— 3.04%
2 percent sales tax*	$393.84 mil.	$367.87 mil.	— 6.60%
Loans, transfers, advances, special appropriations	$ 63.20 mil.	$ 52.66 mil.	—16.68%
Teaching hospitals collections, other revenue	$ 85.83 mil.	$101.29 mil.	+ 18.01%
ICF MR collections	$ 40.39 mil.	$ 39.67 mil.	— 1.78%
Other revenue	$ 29.21 mil.	$ 30.75 mil.	+ 5.27%
Total income[1]	**$ 1.065 bil.**	**$ 1.031 bil.**	**— 3.20%**

*Actual sales tax collections were $387.8 million for FY 1983 and $384.4 million for FY 1984. Revenue shown above reflects the amount actually received by DHS during the fiscal year.

How it is spent

Payments and services	$229.41 mil.	$232.75 mil	+ 1.45%
Children and youth services	$ 67.89 mil.	$ 62.14 mil.	— 8.47%
Developmental disability services	$ 43.87 mil.	$ 47.48 mil.	+ 8.23%
Medical services	$441.70 mil.	$443.01 mil.	+ .30%
Rehabilitation services	$ 35.98 mil.	$ 32.58 mil.	— 9.45%
Aging services	$ 18.07 mil.	$ 19.12 mil.	+ 5.81%
Teaching hospitals	$148.75 mil.	$146.17 mil.	— 1.73%
Administration	$ 42.73 mil.	$ 33.98 mil.	—20.48%
Management information	$ 13.13 mil.	$ 11.87 mil.	— 9.60%
Construction	$ 17.63 mil.	$ 4.39 mil.	—75.10%
Total expenditures[1]	**$ 1.059 bil.**	**$ 1.033 bil.**	**— 2.43%**

1/ After adjustment for double counting due to payments from the Medicaid program to the teaching hospitals, state schools for the mentally retarded and juvenile institutions, total income in FY 1984 was $946.0 million and total expenditures were $948.1 million.

Numbers do not include food stamp coupon value of $118.9 million and value of food commodities at $38.5 million in FY 1984 and food stamp coupon value of $101.8 million plus value of food commodities at $39.5 million in FY 1983.

Employees providing the services

Full-time Equivalents	On 7-15-83	On 7-15-84	Percent of change
Payments and services	2,897.9	2,827.4	— 2.43%
Children and youth services	1,786.4	1,674.4	— 6.27%
Developmental disability services	1,984.6	2,140.2	+ 7.84%
Medical services	290.5	267.1	— 8.06%
Rehabilitation services	918.3	839.3	— 8.60%
Aging services	116.9	122.5	+ 4.79%
Administration and management information	1,043.0	982.9	— 5.76%
Sub-total	**9,037.6**	**8,853.8**	**— 2.03%**
Teaching hospitals	3,846.0	3,689.8	— 4.06%
Residents	470.9	472.1	+ .25%
Total FTEs	**13,354.5**	**13,015.7**	**— 2.54%**

Services delivered to clients*

Program Activities	Avg. Monthly
Payments & services	
Assistance payments	146,000
Food stamps	270,000
Social Services	48,000
Children & youth services	12,000
Developmental disability services	3,000
Medical services	65,000
Rehabilitation services	28,000
Services for the aging	50,000
Teaching hospitals	27,000

*A person may receive two or more services in different programs during the month; therefore service totals do not provide an unduplicated count of clients.

Support Components

It was a year of rigorous accountability as reflected in agency activities which supported service delivery:

● **The Policy Analysis Division** initiated a management planning system known as PATS (Priorities, Allocations and Tracking System) to help the department develop and track performance-oriented objectives, with the initial focus on action plans for fiscal 1985.

Tactics to stretch resources during the year ranged from a first annual Environmental Scanning Report, a compilation of statistical data to inform managers of trends affecting their work, to an intra-departmental committee which initiated internal changes to reduce unnecessary complexity in DHS forms, procedures and processes.

● **The Field Operations Division** was re-established, Dan Fitzgerald was appointed as Assistant Director for Field Operations and first steps were taken toward strengthening field organization with the development and initial implementation of a plan for five standard DHS state regions.

● **The Personnel Resources Division** implemented a new management system for performance appraisal, the Employee Performance Development Plan.

A cooperative agreement was reached between DHS and the state Office of Personnel Management to review and strengthen DHS personnel management by means of Project PASS (Personnel Administration Structure and Systems), which provides for 1) an assessment of DHS personnel functions; 2) a study of existing DHS personnel policies and procedures; and 3) an agency-wide review of employee classifications.

Staff development training was provided for a total employee participation of 6,314 in 329 sessions of 47 separate training courses. One-year tuition scholarships were approved for 39 employees, including 10 undergraduate scholarships.

An electronic recruitment announcement system was implemented to provide all DHS employees access to vacancy announcements via local office data terminals. A computerized enrollment system was implemented for staff development workshops, reducing the staff development unit's paperwork by two-thirds.

● **The Legal Division** reported settlement of several major lawsuits and a continuing increase in collections for Child Support Enforcement, while costs decreased 10 percent. Collections totaled $7.3 million on behalf of Oklahoma children whose fathers had failed to pay child support, for an increase of 59 percent over the previous year.

Of the child support total, $5.5 million was collected to reimburse state and federal government payments to welfare clients receiving AFDC and $1.8 million for non-AFDC families, who pay a fee based on income to offset costs. Another $1.1 million was collected in child support payments which were for other states.

● **The Management Information Division** used computerized information to stretch the agency's resources statewide. An "electronic mailbox" system was implemented, using the agency's 975 teleprocessing terminals to allow instant communication from the DHS director's office and among all county offices. The mailbox system is available statewide for assistance with such tasks as transferring cases, requesting emergency check issuances or communications between the state child support enforcement office and district attorney's offices.

A simplified application process was implemented statewide as a demonstration project for most of the households which receive both food stamps and public assistance to reduce time required to make the food stamp eligibility decision.

Computer-generated letters and notices for public assistance resulted in an estimated annual savings of $176,000 in long distance telephone calls, forms and local office staff time.

A Tulsa County study to evaluate the effect of intensive computerization and office automation on local office productivity demonstrated an overall increase of 15 percent in office productivity.

● **The Audit & Review Division** reported quality assurance reviews for October-March 1984 which showed only $2.91 per $100 issued in AFDC as being in error, and only $1.89 per $100 in Medicaid payments as being in error.

Despite the year's heavy workload, Oklahoma ranked among the 10 states with the nation's lowest error rates for AFDC and Medicaid payments.

● **The Finance and Administration Division.** Winston Barton replaced Charles McDermott as Assistant Director for Finance and Administration and McDermott moved to a new role as Special Assistant to the Director for Resource Mobilization. The Finance and Administration Division provided management and control over the agency's fiscal affairs and material resources, maintaining records for audit, control and administrative decision making on agency revenues, expenditures and materials. Major progress was made in refining budget formulation, budget implementation and financial reporting processes. Assistance was provided to management staff in monitoring and analyzing administrative cost, contracting, purchasing and procurement, warehousing, printing, construction and renovation.

● **The External Relations Division** tracked human services-related legislation, handled information and referrals and oversaw production of all DHS publications. Staff responded to several thousand telephone inquiries and researched and drafted more than 1,000 written responses during the year. Costs were cut by suspending publication of four quarterly periodicals and reducing the 24-page employee newsletter to a single-sheet, twice-monthly issue limited to in-house distribution.

● **The Office of Public Information** responded to more than 1,100 requests for information from news media, state officials, private citizens and other agencies; issued 68 news releases to more than 300 Oklahoma news outlets, in addition to regional and county news releases; held news conferences and news briefings; and initiated Commission Highlights, which is distributed to employees following monthly Commission meetings.

● **The Office of the Ombudsman** acted in an advisory capacity to the Commission and director, investigating complaints from DHS employees as well as recipients of the agency's services. As more employees become familiar with the ombudsman's office, the workload is increasing. The majority of problems brought to the ombudsman in fiscal 1984 dealt with personnel problems of DHS employees.

Procedures were developed and implemented for an ombudsman at each of the three state schools for the mentally retarded during the year. Ombudsmen are not part of the administration of the schools, but report directly to the DHS state office. They take an active role in school activities and assure that students receive the services which they need. Ombudsmen help train staff in the area of student grievances and assist parents who may be concerned about their children.

Payments and services

PROGRAMS

AFDC; State Supplemental Payments to Aged, Blind & Disabled; Low Income Home Energy Assistance; Food Stamps; Commodity Distribution; Services to Adults & Families; Food & Nutrition Services

PEOPLE SERVED

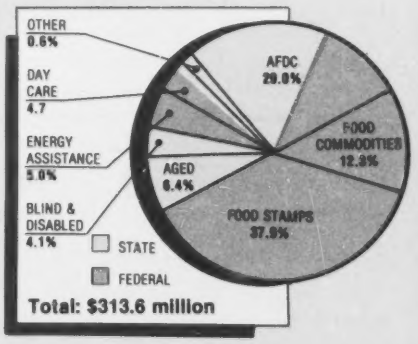
Assistance Payments: 146,000 avg. monthly;
Food Stamps: 270,000 avg. monthly;
Social Services: 48,000 avg. monthly.

STAFF

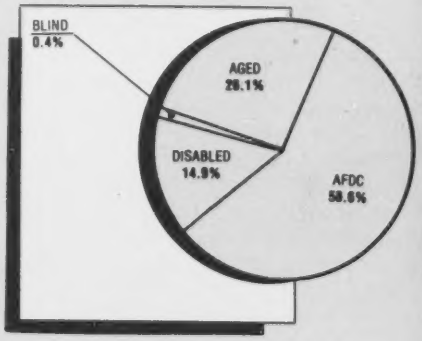
2,827.4 FTEs (includes county staff who, in the future, will be considered part of Field Operations Division)

COST: $232.75 million

Assistance payments & food program values
% by type of payment



Public assistance recipients
% by category



Oklahoma's lagging economic recovery was sharply evident in the continuing heavy workload associated with money payments, medical and social services in fiscal 1984.

Resources were stretched to the limit as county workers processed nearly 400,000 applications for help. That figure was down about 10 percent from the all-time high of fiscal 1983, when a major recession pinched the state's economy.

About 75 percent of the year's applications were for the federally funded food stamp program, in which participation is closely tied to unemployment; about 80 percent of the year's food stamp clients were not receiving cash payments in the Aid to Families with Dependent Children program.

Food stamps valued at $118.9 million reached 527,609 persons in 183,903 households during the year, for an average value of $19 per person per month. Compared to the previous year, the value of food stamps distributed in Oklahoma was up 17 percent. The $38.5 million worth of USDA commodities distributed in fiscal 1984 reflected a slight decline in surplus butter and cheese allocations. DHS distributed commodities to public schools, institutions and various feeding programs, including private nonprofit schools.

Despite more stringent federal eligibility requirements, AFDC payments were up by 12.9 percent and the year ended with nearly 10,000 more persons receiving AFDC payments than in June 1983. Despite this growth in the AFDC rolls, only seven states had smaller percentages of their total populations receiving AFDC (see map on page 8). Payments reached 83,000 persons in June 1984, including 25,000 adults and 58,000 children. Most adults in AFDC households were young mothers with few job skills. Children in these households were deprived of support because of their fathers' death, desertion or disability.

It was the fifth straight year without a cost of living increase for AFDC families. The consumer price index has climbed 46.9 percent since AFDC standards of need were updated in April 1979. In constant dollars, the AFDC maximum benefit of $282 for a mother and two children with no other income has shrunk to $192 per month in effective buying power.

A downward trend continued in state supplemental payments to the aged, blind and disabled, as benefit levels were adjusted and more Oklahomans became eligible for federal Social Security coverage. Payments were down 18.5 percent, or $7.5 million.

In July 1983 and again in January 1984, the amount of state supplemental payments was lowered to offset federal increases in the basic Supplemental Security Income program. The maximum total federal-state benefit for a needy single elderly or disabled person living alone remained at $374. In April 1984, an inequitable "notch" was eliminated in Oklahoma's supplemental benefit program, making single persons whose income is $373 or less eligible for partial benefits. The old cut-off point was $314.

A broad spectrum of services to adults and families reached more than 120,000 Oklahomans in 1984:

Day care services expanded to help the "new poor" created by the impact of unemployment and inflation and attendant ripple effects. The financial eligibility ceiling to qualify a family for day care services was raised to a gross earned income of $990 per month, for a family with one income-eligible person in care, and to $1,040 for families with two or

With her husband in prison, Myra sold her belongings and moved back to Oklahoma so her parents could care for her children while she hunted a job. But everywhere she applied, she was told she lacked the appropriate education and experience.

All three children have health problems, and Myra herself suffers from chronic asthma. Faced with the need to provide food and medical care for her children, Myra became an AFDC client. She also received medical care for her youngsters, food stamps, and, through the Employment and Training Program, the encouragement to pursue her goal of becoming self-supporting. This time she landed a job on her first interview.

The prospect was frightening; her children's medical bills remained enormous, and Myra wasn't sure she could earn enough money to pay them, but DHS services smoothed the transition from welfare mother to working mother. And her job? She loves it. "Self-esteem is more important than security," she said.

more income-eligible members in care. Monthly vendor payments were made, on average, on behalf of 13,700 children and 250 adults between ages 18 and 59 who required care during the day.

Employment and Training—Nearly 14,000 AFDC clients received employment-related counseling, assessment, work orientation, placement in various training programs and referrals to subsidized and unsubsidized jobs.

The WIN demonstration program made 6,135 job placements of clients whose combined salaries, projected at the prevailing minimum wage, exceed $40 million annually. The Community Work Experience Program provided training for 2,900 AFDC clients; 32 percent entered unsubsidized employment, twice as many as in 1983, and 80 percent of these remained employed for more than 60 days. Almost one-third of the latter group were hired by the same non-profit facilities which trained them.

Cooperative agreements were established with the Department of Economic and Community Affairs and sub-state planning agencies which administer manpower training programs to expand employment and training services to AFDC recipients under the federally funded Job Training Partnership Act.

Family Life Services—More than 19,000 adults and children, including unmarried parents, received help with education, housing, health and social functioning via direct client contact, referrals to other agencies and volunteers. The second annual DHS volunteer awards ceremony was held at the state Capitol in May, and more than 60 persons were honored for outstanding service.

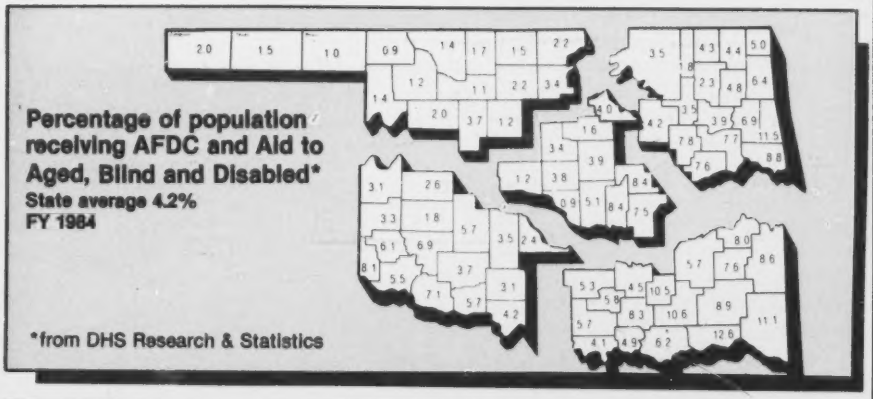
Refugee Services including employment placement and training, English instruction and supportive social services were provided for 510 adults and 300 children. Two federal grants were received for on-the-job training and mental health services in Tulsa and Oklahoma counties.

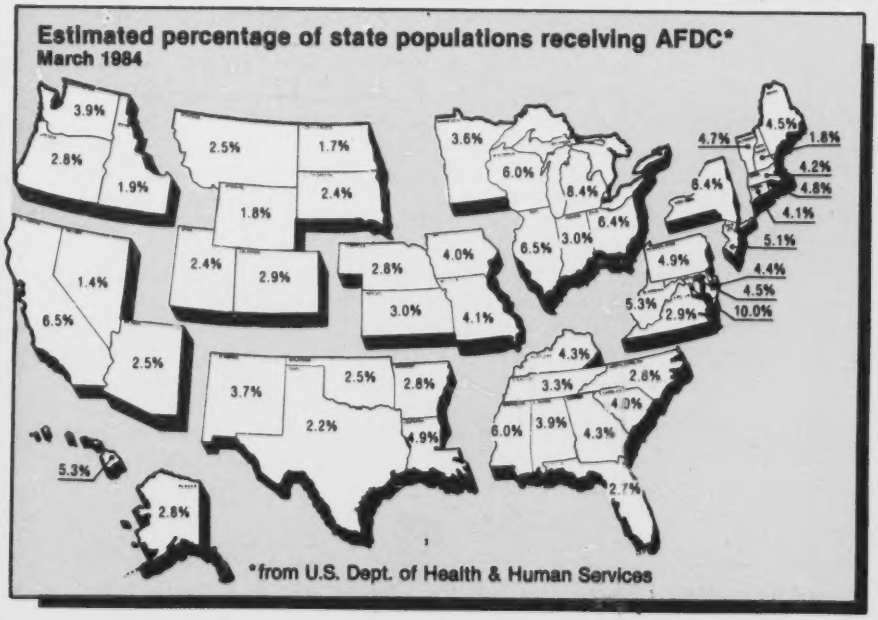
Health-Related Services reached 60,000 children and 13,500 adults during the year. Major areas are Early and Periodic Screening, Diagnosis and Treatment for AFDC and Medicaid clients younger than 21; family planning services; and the Supplemental Security Income Disabled Children's Program. SSI-DCP provides support services and equipment which are unavailable elsewhere, in DHS or other agencies, to help eliminate or improve handicapping conditions among disabled children younger than 16 with the long-term goal of helping reduce their need for public assistance in adulthood.

Support Services include continuously available training, delivered on request in specific program areas or for specialized needs; monitoring and evaluation, to validate service delivery and verify compliance with state and federal regulations; and the management information systems which provide methods for recording and retrieving information on social services clients. Staff visited counties to evaluate the changes in the day care program, analyze county and state office reporting needs and begin a needs analysis of recording requirements for various service programs.

Emergency Welfare Services were provided by DHS workers in 23 counties for three major natural disasters during the year: a November flood involving 10 central and southwestern counties; an April tornado in eight northeastern counties; and a Memorial Day Tulsa area flood in five northeastern counties. Flood relief grants totaling some $4.2 million were processed for more than 1,900 families, in addition to food stamps and other emergency assistance. Each county DHS office has a designated emergency crew to handle lodging, feeding, clothing, social services and registration during disasters. EWS mobilizes DHS resources and coordinates work with such agencies as Red Cross and Civil Defense.

Food and Nutrition Services—Nutrition consumer education programs reached 12,000 Oklahomans, including Head Start parents, senior citizens and food stamp clients, via group presentations and personal contacts during the year. Used as a model for other states by USDA, the program received 50 percent federal matching and is the only one of its kind run by a state agency which administers the food stamp program.


Percentage of population receiving AFDC and Aid to Aged, Blind and Disabled*
State average 4.2%
FY 1984
*from DHS Research & Statistics



Children and Youth Services

PROGRAMS

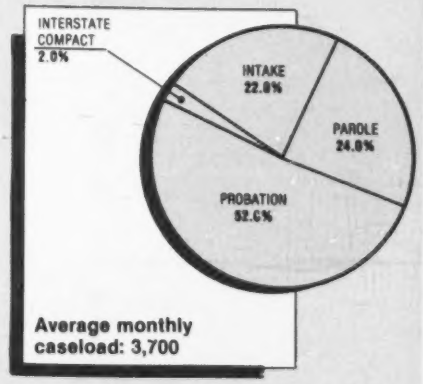
Court Related & Community Services, Child Welfare Services, Institutional Services

PEOPLE SERVED: 12,000 average monthly

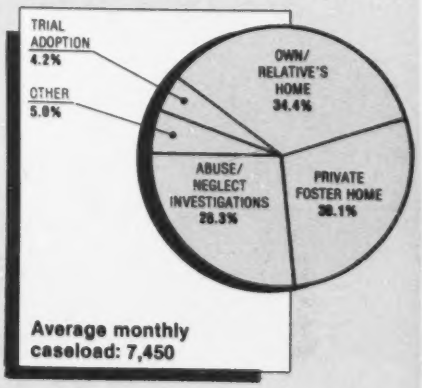
STAFF: 1,674.4 FTEs

COST: $82.14 million

Court related & community services
% by type of service



Child welfare services
% by type of service



Oklahoma may become the first state to meet national standards for all of its children and youth programs. Accreditation and audits and reviews were completed or underway for the major programs and institutions of the division.

During the year, the Commission on Accreditation for Corrections gave full accreditation to the field operations of Court Related and Community Services, three residential group homes and the L.E. Rader Intensive Treatment Center at Sand Springs. The Rader Diagnostic, Evaluation and Treatment Center and the Oklahoma Children's Center were scheduled for audit and review in early fiscal 1985.

The Joint Commission on Accreditation of Hospitals awarded the Central Oklahoma Juvenile Treatment Center a full three-year accreditation retroactive to April 28, 1984 as a psychiatric treatment facility for children and youth.

The Child Welfare Services section was certified for membership renewal in the Child Welfare League of America and has applied for accreditation to the Council on Accreditation of Services for Families and Children.

Children and Youth Services continued to implement major changes mandated in the 1982 revision of the Oklahoma Children's Code by increasing community and residential services for children in custody or court-ordered supervision. Institutional placements for youth adjudicated delinquent or in need of treatment were sharply reduced.

A consent decree settlement was agreed upon in the Terry D. vs. L.E. Rader and DHS lawsuit. The suit was filed in 1977 on behalf of children placed in DHS juvenile institutions.

A reorganization started this year will have a long-term positive effect on services for children in Oklahoma.

The revised field structure puts services coordination and decision making at the regional and community levels.

Four major state office management units—administration, program services, residential services and licensing—provide leadership support for field operations.

Oklahoma's approach to delivering children and youth services differs from that of most other states in two important respects: First, child welfare services and juvenile services are administered by the same division of state government. This combination of responsibility exists in only a couple of other states. Second, Oklahoma relies much more heavily than do most other states on direct state-delivered services as opposed to services purchased from other organizations.

—Court Related and Community Services provided 9,800 court intakes, supervised 5,100 children on probation and 1,360 on parole and in DHS custody. DHS-operated group homes and contracted programs provided residential services for 370 youth during the year. Average length of stay was five months.

Juveniles participating in the restitution program paid their victims $223,500 in fiscal 1984. Since the program began in 1978, 9,200 juvenile cases have paid more than $1.2 million to victims, with 90 percent being monetary and 10 percent in community "good works" projects.

DHS contracted with 37 youth services agencies this year for provision of one or more youth intervention or counseling services in local communities. More than 12,500 young people and their families received services, including 6,300 children who received emergency shelter services when they were unable to stay at home. The average length of stay in an emergency shelter was 6.6 days.

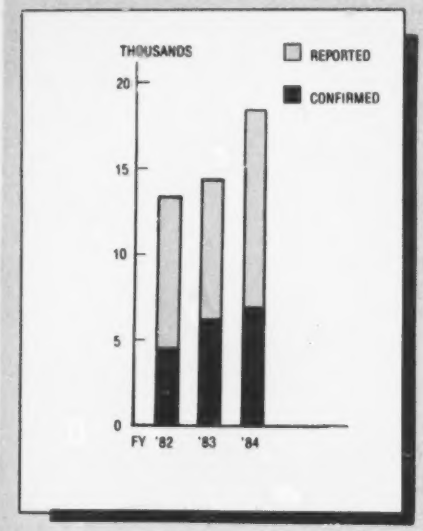
—Child Welfare Services, with the primary responsibility for the protection of deprived, abused and neglected children, completed 18,150 abuse investigations; 6,600 cases were confirmed, an in-

Maria's father deserted her mother and sister and kidnapped Maria, 7, a brother and a younger sister. They kept moving from place to place, avoiding schools, organizations or friendships that would enable the mother to trace her stolen children.

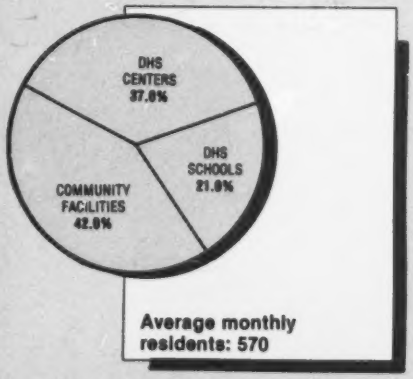
At 13 Maria came into DHS custody as a deprived child. Her father had vanished without a trace, taking the two younger children with him. For the next four months, a DHS social worker patiently collected bits and pieces of family history from the unhappy, frightened teenager. The worker eventually found Maria's out-of-state birth certificate and better yet, a relative.

Maria's mother was notified; a juvenile court judge authorized a visit; and the pair were reunited in time for Christmas. Maria's odyssey has ended. Her brother and younger sister are still missing.

Child abuse & neglect
FY 1982—1984



Residential Services
% by type of service



DHS Centers: 150 children adjudicated delinquent at Okla. Children's Center, Rader D&E and Intensive Treatment Center, and 60 children adjudicated in need of treatment at Central Okla. Juvenile Treatment Center.

DHS Schools: 120 children adjudicated deprived at Enid State School, Hissom Memorial Center, Pauls Valley State School, School for the Blind, School for the Deaf.

Community Facilities: 240 children adjudicated delinquent, INS, INT or deprived at 17 group homes, 10 mini-group homes, 18 residential child care facilities, 2 DHS emergency shelters in Tulsa & Okla. City.

crease of about 10 percent over 1983. Improved reporting undoubtedly accounted for some of the increase; however, times of high unemployment also seem to be accompanied by higher rates of abuse and neglect.

Of the 21,900 children receiving Child Welfare Services in fiscal 1984, a monthly average of 4,400 children were in DHS legal custody or under court-ordered supervision. The greatest percentage of children received services while remaining in their own or relatives' homes.

DHS-operated emergency shelters in Oklahoma and Tulsa counties provided services for 2,100 children during the year. Protective services assisted 4,700 children, diverting them from the court system by providing alternatives to placement, mostly in their own or relatives home. Monthly, an average of 1,650 children received foster care services while three group homes served 52 young girls and teenage mothers and their babies.

Adoption Services successfully placed 344 children during the year and completed 852 independent home studies for other adoptive placements.

—Licensing of child care facilities is a preventive service designed to protect children in the care of someone other than their parents for part of the day and for those children who must be separated from their parents for a period of time in the care of private child care facilities.

During fiscal 1984, almost 31,000 contacts were made with licensed facilities to carry out the provisions of the law. In addition, contacts were made with community resources, new inquiries taken regarding licensure, complaints investigated on licensed facilities, investigations conducted of unlicensed facilities and parent inquiries answered.

On June 30, 1984, licensed facilities had a rated child care capacity of nearly 60,000, including 1,110 day care centers to serve 53,000 children; 1,040 day care homes to serve 5,000; 27 private institutions licensed to serve 1,170 children, and 31 emergency shelters to serve 350. There are 26 licensed child placing agencies, seven with group homes, and 13 certified adoption agencies.

—Institutional Services Programs. Four facilities provided services for adjudicated juvenile delinquents and youth in need of treatment this year: Central Oklahoma Juvenile Treatment Center, Tecumseh, served youth in need of treatment; L.E. Rader Diagnostic, Evaluation and Treatment Center, Sand Springs and Oklahoma Children's Center, Taft, served adjudicated delinquents; and the L.E. Rader Intensive Treatment Center, Sand Springs, provided secure juvenile treatment and detention for delinquents with serious behavior problems.

On June 30, 231 adjudicated juveniles were assigned to the four institutions; 161 were on campus while 70 were on leave or absent without leave.

Advocate General

The Office of the Advocate Defender processed 2,302 grievances and 298 alleged cases of mistreatment on behalf of clients in DHS juvenile and mental retardation programs in 1984.

Only 1.1 percent of the grievances filed were not resolved within the agency. Those were forwarded to the Oklahoma Commission on Children and Youth for review. Sixty-five of the 298 alleged mistreatment cases were confirmed.

Ninety-one percent of the grievances were from institutional facilities. The more restrictive environments tend to have a higher rate of client/resident grievances filed; however, 94.8 percent were resolved at the community or institutional level.

The office reviews and monitors DHS grievance procedures and hearings and investigates those which are not resolved at the community or institutional level; identifies policy violations, unauthorized practices and program deficiencies; and reports on corrective actions to the Director and the Oklahoma Commission for Human Services. The office also investigates allegations of abuse, neglect and mistreatment of juveniles who are in DHS custody and have been placed in public or private residential or institutional settings.

Developmental Disability Services

PROGRAMS

Institutional Services (Enid, Hissom, Pauls Valley) Community Services (Group Homes, Sheltered Workshops)

PEOPLE SERVED: 3,000 average monthly

STAFF: 2,140.2 FTEs

COST: $47.48 million

The combined effects of improvements in both institutional and community service programs in fiscal 1984 enhanced services for the state's developmentally disabled residents. Progress in one area complemented achievements in the other.

Reflecting the department's increased commitment to serving mentally retarded children and adults, developmental disability services were elevated to division status in October 1983.

—Institutional Services reached 1,650 clients at the three DHS-operated state schools at Enid, Pauls Valley and the Hissom Memorial Center, Sand Springs. Kottom Ray Nelson, Ph.D., former Arkansas commissioner for developmental disability services, was hired in May as the new Enid State School superintendent, replacing Howard Chinn who retired after 11 years on the job. At the administrative level, facility staffs were reorganized to make client programs more effective. New policies were implemented for admission, discharge, guardianship, behavior management and death review.

Services for clients were improved. Each client's case was reviewed and individual care plans, tailored to meet the client's specific needs, are being developed and implemented.

Federal criticism of the three institutions' failure to comply with Medicaid requirements for intermediate care facilities for the mentally retarded led to appropriation of money for hiring additional staff and building renovation. An additional 216 direct care staff were hired along with physicians, nurses, occupational and speech therapists, psychologists and social workers. Psychiatric consultation on client cases was also made available to staffs at all three schools. Five cottages at the institutions have been remodeled to bring the facilities another step toward compliance with privacy requirements.

—Community Services expansions lowered the percentage of mildly and moderately retarded clients living at the institutions from 40 to 35 percent. As an additional benefit, four cottages which were not suitable for remodeling were closed without causing overcrowding among remaining residents.

The number of group homes doubled, bringing the state's total to 40. Twenty new group homes, funded by the Legislature through the Donna Nigh Group Home Program, provided 176 new beds for mildly and moderately retarded adults. During fiscal 1984 these community residential facilities provided services in a family-like setting to 233 clients, almost twice the number served the previous year.

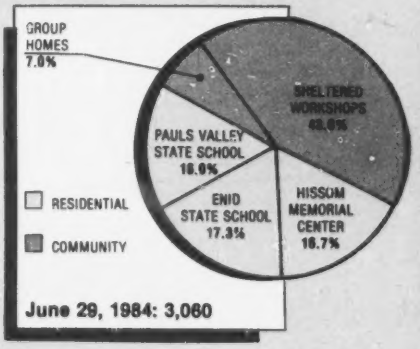
The number of clients served in sheltered workshops increased with the addition of 12 new facilities serving 202 new clients. DHS also provided additional funding to improve services in existing sheltered workshops.

A new state law broadened the scope of adult protective services to include developmentally disabled adults who are unwilling or unable to defend themselves against physical and emotional abuse, financial exploitation or neglect. The division began a program to recruit volunteers to serve as court-appointed guardians or conservators and as advocates.

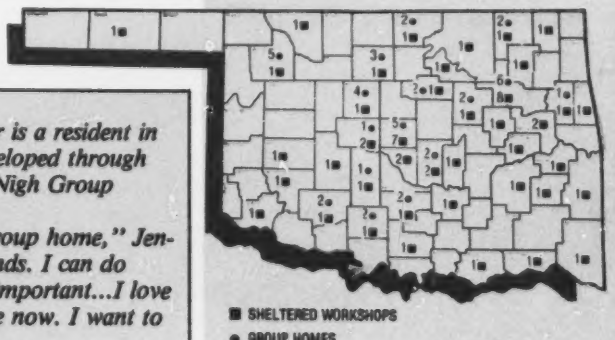
DHS has applied for a waiver to permit use of Title XIX Medicaid funds to expand in-home and community-based health care services to enable the state's mentally retarded, elderly and physically handicapped residents to remain in their own homes.

To improve services to mentally retarded residents in privately owned nursing homes, the Commission approved a new classification and rate structure for long-term care facilities providing the required additional services.

Services to developmentally disabled & mentally retarded
% by type of service



Community programs
Average monthly participation: 1,650



Jennifer's developmental disability was diagnosed when she was an infant. She understands there is no cure for brain damage. Sometimes she is angry with the fate that left her with problems and her brother with none...frustrated at not always understanding what's happening around her, at knowing there are some things she can never do.

But there are some things she can do. Thanks to DHS, Jennifer is a resident in one of the 40 homes developed through the state-funded Donna Nigh Group Home Program.

"Thank you for the group home," Jennifer wrote, "I have friends. I can do things for myself. I feel important...I love my parents, but I like me now. I want to stay here and live."

Medical Services

PROGRAMS

Medicaid, Crippled Childrens' Services, Long Term Care, Medical Claims Payment and Review.

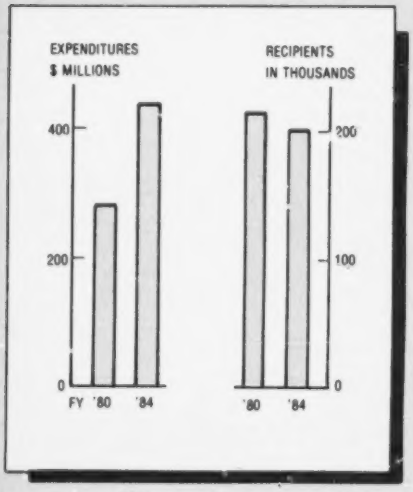
PEOPLE SERVED: 65,000 average monthly

STAFF

267.1 FTEs. Applications are processed by county office staff

COST: $443.01 million

Oklahoma Medicaid program
FY 1980 & 1984



For the Medical Services Division, fiscal 1984 was a year of reorganization, coping with possible state budget cuts and streamlining administrative procedures—all while paying a record 1 million claims for health care services.

The division administers Title XIX Medicaid funds to reimburse physicians, hospitals, long-term care facilities, pharmacies and outpatient clinics for health care services. Almost half the department's total budget, $425.97 million, was used to buy medical care for 207,600 low-income and other eligible Oklahomans. Approximately one-third of those clients do not receive welfare cash grants in traditional AFDC or Aid to the Aged, Blind and Disabled categories.

Michael Fogarty assumed the duties of assistant director in October 1983, succeeding Bertha Levy, M.D., who retired. The division was consolidated into two locations and reorganized. The Disability Determination Services Unit was transferred to the Rehabilitation Services Division. Several units monitoring and administering reimbursement for long-term care were combined into three major sections—Provider Services and Utilization Control; Payment Audit and Reimbursement; and Medical Evaluation. The Provider Services and Utilization Control section ensures that DHS clients in long-term care facilities are visited annually to determine whether they are receiving adequate and appropriate care and that the facilities meet Title XIX reimbursement requirements. The Payment Audit and Reimbursement section receives claims and processes authorizations to reimburse for services. The Medical Evaluation section determines eligibility for nursing home and other long-term care services for adult clients.

Other units in the division are:

—Medical Claims Payment and Review which pays provider claims for reimbursement for health care services, answers provider questions about specific claims and designs programs to generate information to providers, federal officials and other DHS divisions.

—Crippled Children's Services which funds clinics throughout the state and administers state and federal funds to provide health care services for children from low-income families.

—Policy Unit which develops and maintains policies affecting all division programs.

—Provider Relations Unit which resolves general problems affecting all providers and hosts workshops to explain changes in federal regulations and DHS policy.

—Administrative Support Unit which reviews and renews approximately 60,000 provider contracts annually, ensuring all state and federal requirements are met.

During the early days of the 1984 legislative session, it looked as though medical care for needy Oklahomans might be drastically curtailed. It appeared that the medical services portion of the DHS appropriation might be reduced as much as $50 to $60 million below the level required to maintain current benefits. As the session drew to a close, legislators recognized the hardships that would be created if the level of medical services was decreased; funding was provided at the level required to maintain services.

DHS continued its efforts to provide services to individuals and families who have no health care insurance and are not covered by Medicare and Medicaid. In addition to serving many such persons at the Oklahoma Teaching Hospitals, DHS in fiscal 1984 awarded a grant to the Tulsa Medical Education Foundation to support expanded hours of service in the clinics operated by the Tulsa Medical College of the University of Oklahoma. The first ten months of experience indicate that this is a very successful program which is reducing the pressures on emergency rooms in Tulsa area hospitals while improving service to low-income citizens of the community.

The division modernized administrative procedures to ensure prudent use of limited financial resources. A standardized hospital billing form was introduced, and division personnel, in cooperation with the Oklahoma State Hospital Association, provided training workshops on im-

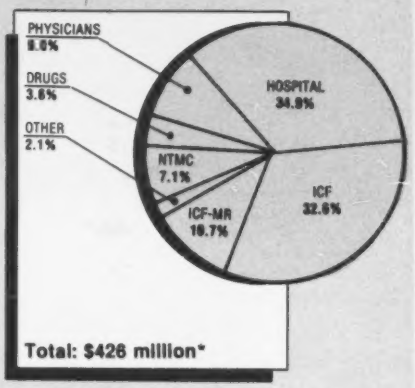
plementation of the new procedure. Provider claim forms were revised and simplified. The new form enables both clients and providers to better understand what kinds of health care services Medicaid pays for. To pave the way for tape and electronic billing, provider contracts were revised. State law previously required that a notarized noncollusion affidavit accompany each claim for payment. The law was amended to permit affidavits to remain on file for one year. Contracts with hospitals were completed during fiscal 1984, and contracts with remaining providers will be completed as computer programs are updated. Planning began for a state-of-the-art Medicaid Management Information System.

The division also began a cooperative venture with the state Mental Health Department to use Medicaid monies to stretch limited state funds to meet mental health care needs of low-income Oklahomans. Under the new agreement, outpatient care at community mental health clinics is now Medicaid reimbursable. Those clinics, already funded by state dollars, represent expanded services to clients with no net cost to DHS. Future plans call for Medicaid reimbursement for health clinic services used by DHS clients in aging, children and youth, rehabilitation and developmental disability programs, increasing the kinds of treatment available and providing clients a greater freedom of choice of where they can receive services.

Because it costs less to maintain a person in his own home rather than in an institution, DHS has applied for Medicaid waivers to provide increased in-home and community-based health care services as alternatives to institutionalization. If the waivers are granted, the state's mentally retarded, physically disabled and elderly residents will be able to continue living in their own homes and communities and some long-term care facility residents will be able to return to their own homes.

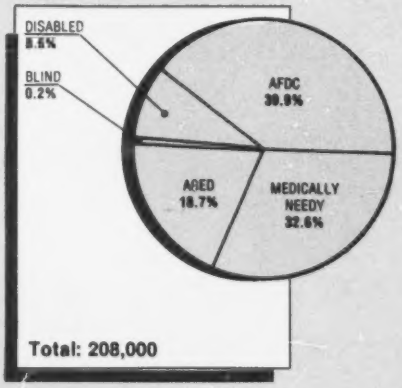
Recognizing the additional cost of providing extra services needed by mentally retarded nursing home residents, the Oklahoma Human Services Commission also approved new nursing home reimbursement classifications. The new services, scheduled to begin in fiscal 1985, mean DHS clients will be placed in nursing homes designed to meet their specific needs. This is especially significant with respect to the mentally retarded. Under the new policies, Oklahoma will for the first time reimburse intermediate care for the mentally retarded as an officially recognized service in privately-owned nursing homes.

Medicaid payments
% by type of service

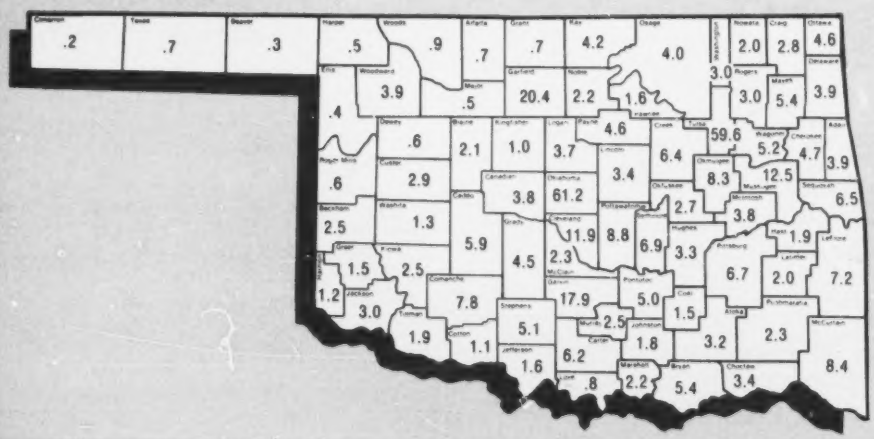


*41.53% state; 58.47% federal funds

Medicaid recipients
% by category



Medicaid payments to vendors
Numbers in millions of dollars



Rehabilitation Services

PROGRAMS

Rehabilitative Services (Incl. Okmulgee Rehabilitation Center), Visual Services (Incl. Library for the Blind & Physically Handicapped), School for the Blind, School for the Deaf, Commission for the Deaf and Hearing Impaired, Disability Determination

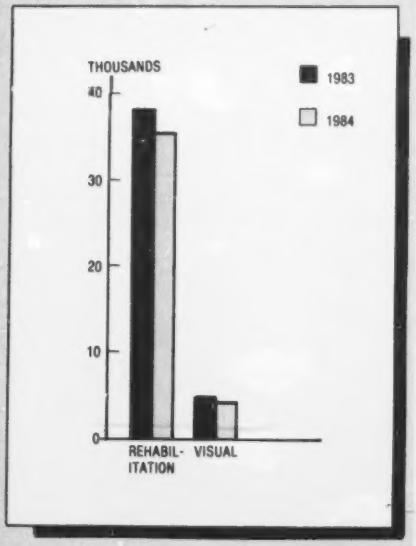
PEOPLE SERVED: 25,000 average monthly

STAFF: 839.3 FTEs

COST

$32.58 million, not including costs for Disability Determination which are included in the Medicaid budget.

Rehabilitative & visual services
Total: 39,384 clients



Includes Okmulgee Rehab. Center which served 112 inpatients and 131 outpatients in FY 1984.

The October organizational changes placed many programs and services for disabled and handicapped Oklahomans under one administrative division, Rehabilitation Services. The division includes Rehabilitative Services, Visual Services, the Okmulgee Rehabilitation Center, the Oklahoma School for the Deaf, Sulphur, the Oklahoma School for the Blind, Muskogee, and Disability Determination Services.

Total combined expenditures for Rehabilitation Services were $38.9 million, a decrease of almost $4 million from fiscal 1983. Expenditures were down for all units within the Rehabilitation Services Division. The reductions were accomplished primarily by instituting a financial needs test for training services and consolidating offices to reduce operational costs within the Rehabilitative and Visual Services Unit, implementing a five-day residential program at the School for the Deaf and improving use of staff in all units.

—Rehabilitation Services Division. Rehabilitative and Visual Services expenditures totaled $25.4 million for fiscal 1984, about $2.8 million less than in fiscal 1983.

The reduction in funds resulted in loss of staff, consolidation of offices, implementation of a financial needs test for training and the closing of several vocational evaluation facilities. The overall result was a reduction in the number of people served by RVS from 42,618 in fiscal 1983 to 39,400 in fiscal 1984, a decline of 3,218 clients served.

Rehabilitative and Visual services were provided to 39,400 rehabilitative and visual services clients in 1984 with an average active caseload of 25,000. Of the 5,786 clients who were successfully rehabilitated, 1,904 were severely handicapped and 913 had been receiving public assistance which totaled $225,000 per month. After rehabilitation, 354 were still receiving public assistance, but the overall payments dropped to $80,000 for a savings of $1.7 million per year. The number rehabilitated this year exceeded fiscal 1983 by 222.

The Rehabilitation Services Division maintains agreements with many state and local agencies to provide services for clients. Among these are the Department of Education, Department of Vocational Technical Education, Oklahoma Employment Security Commission, colleges, universities, area vocational technical schools, job partnership training councils, Department of Health, Department of Mental Health, local school districts, Veterans' Administration, Oklahoma Teaching Hospitals, O'Donoghue Rehabilitation Institute and the Dean A. McGee Eye Institute. Services are also purchased from various speech and hearing centers, sheltered workshops and other public and private vendors who provide services needed by the handicapped.

A close working relationship has been developed with the Governor's Office of Handicapped Concerns, the Oklahoma Commission for the Deaf and Hearing Impaired and other DHS components that provide services to the handicapped.

—Rehabilitative Services. About 35,000 clients received rehabilitative services in fiscal 1984, and 5,149 were successfully rehabilitated. About 42 percent of the persons in the caseload were younger than 21.

The most frequent type of disabilities served were amputations and orthopedic improvements (28 percent), mental illness (15 percent), other psychological disabilities including drug and alcohol addiction (17 percent) and the blind and visually handicapped (11 percent).

Direct purchase of services for medical diagnosis, physical restoration, and vocational training accounted for about 50 percent of total expenditures. Counseling, guidance and placement accounted for about 43 percent of the expenditures and all other expenditures about 7 percent. Increased emphasis has been placed on direct placement of clients and increased use of community resources to meet client

Major surgery to correct Carol's hearing loss and vertigo was unsuccessful. She gave up her job as a deaf interpreter and was almost ready to give up on herself when she came to DHS for help. What could a deaf, overweight mother of four without a high school diploma possibly learn to do?

DHS provided counseling, a hearing aid, a hearing ear dog and tuition. Carol provided the brains to complete both her bachelor's and master's degrees in special education in 3½ years and the determination to drive more than 60,000 miles to do it.

Now, 93 pounds lighter, she's teaching children with learning disabilities.

needs as an alternative to purchase of services.

In June, the Oklahoma Commission for Human Services approved interim remodeling plans for the Okmulgee Rehabilitation Center to meet fire and safety codes. Located on the Oklahoma State Technical Institute campus, the center provided comprehensive services to 112 inpatients and 131 outpatients.

—Visual Services. Travis Harris, soon to retire as Visual Services Program Coordinator, said there is currently the best working relationship between Visual Services and the handicapped community that he has ever seen.

Nearly 4,350 clients received Visual Services in fiscal 1984. By June 30, 637 cases were closed as successfully rehabilitated.

The rehabilitation teaching program served more than 1,600 clients, of whom 45 percent were older blind Oklahomans.

Services include rehabilitation counseling, teaching braille and other communication skills, mobility and orientation training, adaptive techniques and activities of daily living and homemaking.

Even with a reduction in staff and funding, the vending facilities program grossed a record $6.9 million in sales in 1984 and netted an average annual profit of $14,268 per vending facility operator. Authorized by the Randolph-Sheppard Act, the program included 70 vending facilities operated by some 94 blind citizens in public and private office buildings across Oklahoma.

The Oklahoma Library for the Blind and Physically Handicapped served more than 4,500 users in fiscal 1984. It is one of 168 regional depositories for the blind and visually impaired in the country and stocks 20,000 volumes of large print and braille books and periodicals and 58,000 discs and cassettes. The materials are provided by the Library of Congress National Library Services for the Blind and Physically Handicapped. Much of the work and many of the library's services are made possible through the 200 or more volunteers who lend a helping hand each year.

Volunteers also are a strong support to the Oklahoma Radio Reading Service broadcast from local FM radio stations in Oklahoma City, Tulsa and Stillwater. ORRS provides 99 hours a week of news, information and entertainment programming for listeners eligible for specially equipped radio receivers.

—Oklahoma School for the Blind. Secondary students at the school in Muskogee were offered computer programming this year for the first time.

In fiscal 1984, the school provided day and residential educational services for 110 students from 4 to 21 years old. This school is developing better ways to serve the multi-handicapped blind students who are in need of the special educational services OSB offers. In cooperation with Northeastern State University School of Optometry, an on-campus low vision clinic was established this year.

—Oklahoma School for the Deaf. Changes during the year at the school in Sulphur included telecommunications systems installation in all dormitories and offices to give staff and instructors better accessibility to children, computer instruction in the academic curriculum and a five-day residential program.

The five-day program has saved money and allowed students to have the best of both worlds—specialized academic programs and an opportunity to spend the weekends at home with their family.

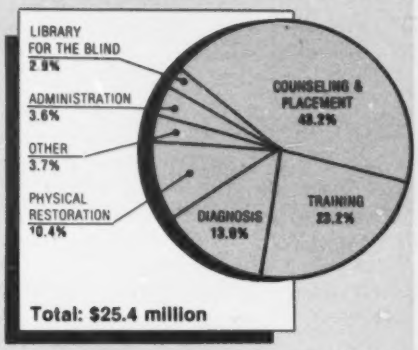
OSD's enrollment peaked during the fall semester at 177 students, many of whom had one or more disabilities in addition to hearing impairments. The school offers specialized educational services from preschool through 12th grade, including language acquisition and development, maximum use of residual hearing, vocational education, social development, athletics and extracurricular activities.

New deaf education programs include a student assessment center, a parent education program and special summer programs to help parents and hearing children cope with the problems they may face when there is deafness in the family.

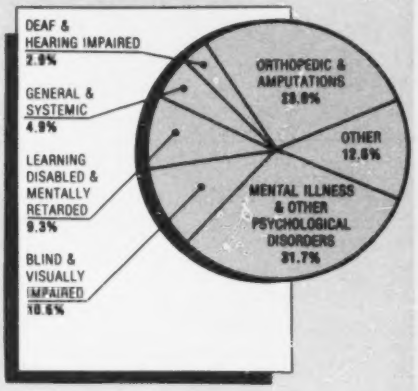
—Disability Determination Services in 1984 kept DHS ranked in the top 10 nationally among agencies providing claims processing and review services for Social Security Disability Insurance and Supplemental Security Income. The unit's quality assurance accuracy rate was 97 percent, well over the 92.2 percent bottom threshold established by federal regulations. DDS processed 25,300 claims during the year.

DDS makes the initial determinations on all SSDI and SSI applications from disabled Oklahomans. Applications in April and May increased almost 25 percent compared to April and May 1983, not including reconsideration, continuation or evidentiary reviews and hearings.

Rehabilitation expenditures
% by type of service



Rehabilitation clients*
% by type of disability


DEAF & HEARING IMPAIRED 2.9%
GENERAL & SYSTEMIC 4.9%
LEARNING DISABLED & MENTALLY RETARDED 9.3%
BLIND & VISUALLY IMPAIRED 10.6%
ORTHOPEDIC & AMPUTATIONS 23.0%
OTHER 12.6%
MENTAL ILLNESS & OTHER PSYCHOLOGICAL DISORDERS 31.7%

*42% of 39,384 clients were under 21 years.

Services for the Aging

PROGRAMS

Geriatric Day Care, Adult Protective Services, Home Maintenance, Non-Technical Medical Care, Special Unit on Aging

PEOPLE SERVED: 50,000 average monthly

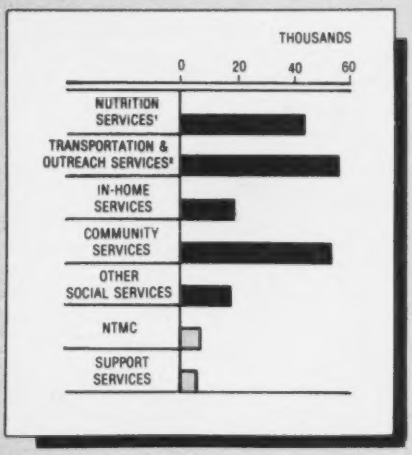
STAFF

122.5 FTEs. Applications are processed and services provided by county office staff and through Area Agencies on Aging.

COST

$19.12 million, not including payments to NTMC providers which are included in the Medicaid budget.

Services for the aging*
by type of service



[1] 3,756,136 total meals.
[2] 1,043,740 total transportation services.

Solid bars represent services administered by the Special Unit on Aging. Information and referral services are not included.

Service totals should not be added since one person often receives more than one type of service.

Non-Technical Medical Care includes supervision of care given more than 7,000 NTMC recipients and patient on-site reviews of nursing home residents. The direct Medicaid payments to NTMC providers of about $30 million are made and reported by the Medical Services Division.

Support Services include Home Maintenance Aides, Adult Protective Services and Geriatric Day Care programs.

A joint venture with the Governor's Advisory Committee on the Status of Women and creation of a new unit highlighted fiscal 1984 for the Division of Services for the Aging.

In a project bridging two fiscal years, the division, in cooperation with the Advisory Committee on Women, sponsored the first of six statewide public hearings to determine how age and sex affect the social and economic well being of older Oklahoma women. The remaining five hearings will be held during fiscal 1985. A final report based on the information from expert witnesses and public testimony will be presented to Gov. George Nigh, state and federal lawmakers and government agencies providing services for the elderly.

With the creation of the Support Unit at the beginning of the fiscal year, the division became the agency's umbrella administrative component for a broad spectrum of programs for senior Oklahomans.

Three service programs were combined in the new Support Services Unit. A new Geriatric Day Care Services section was added, and the Adult Protective Services and Home Maintenance Program were transferred from the Payments and Services Division.

—Geriatric Day Care. Establishment of the Geriatric Day Care program marked a new effort by DHS to provide respite care services for the frail elderly and their caregivers. The Oklahoma Human Services Commission approved minimum service standards for senior day care centers.

State and federal funds are to be combined to provide day care to senior Oklahomans and to help develop elderly adult day care centers. The new program will enable senior Oklahomans who require close supervision to remain in their own communities. The centers will provide counseling, health monitoring, recreation and social services.

—Adult Protective Services. The 1984 Legislature expanded the Adult Protective Services program to include mentally and physically incapacitated younger adults as well as senior Oklahomans who are unwilling or unable to defend themselves against physical or mental abuse, neglect or financial exploitation. A statewide training program for social workers was launched to make the program more responsive to the needs of any adult needing protection and to define the scope and limitations of protective services intervention.

—Home Maintenance. Participation in the Home Maintenance Program—one of the two in-home services the division administers—more than doubled after the transfer to the Support Services Unit. Trained aides helped a monthly average of 611 financially eligible senior Oklahomans and handicapped adults with meal planning, budgeting, light housekeeping, shopping, home safety and personal care.

—Non-Technical Medical Care. The NTMC program enabled more than 7,000 older Oklahomans and handicapped persons to continue living with independence and dignity in their own homes. Medically and financially eligible recipients have serious health problems that would otherwise force them to live in a nursing home or other long-term care facility.

Providers, who must complete a 20-hour training course during their first three months of caring for a recipient, prepare meals, do light housekeeping, give medication, perform basic home nursing services and help recipients with transportation to and from doctor's appointments.

During fiscal 1984, NTMC registered nurse supervisors trained more than 700 providers and taught additional in-service classes so providers could learn more about specific illnesses. The nurses developed individual care plans for new recipients and made 2,256 initial home visits and 46,524 followup visits to monitor provider performance and recipients' health. Eleven of the nurses spent

Lonely and sick from malnutrition, 84-year-old Tom M. had turned his face to the wall to die when the outreach worker from the local nutrition site knocked on his door. A brand-new van was available to provide transportation to and from the congregate meal project, the worker told him.

Persuading him to give up his notion of dying wasn't easy, but the outreach worker persisted, and the next day his home was the van's first stop. He climbed into the seat next to the driver. At the second stop, a 67-year-old woman had trouble stepping up into the van, and he got out to help.

That was seven years ago. Today, at 91, he is known as "The Conductor" among the van's daily passengers, most of whom are younger than he, and he plans to live to be 125.

an additional 116 hours staffing 24 Crippled Children's clinics. NTMC nurses also conducted 15,351 patient on-site reviews in 323 nursing homes.

—The Special Unit on Aging funds many of the community-based and in-home services available to senior Oklahomans. It oversees distribution of state and federal Older Americans Act funds to the state's 11 Area Agencies on Aging, which in turn award contracts to local organizations to provide services.

Special Unit staff members worked closely with Senior Advocates, a statewide grassroots organization of older residents speaking out about state and federal policies which affect their lives, and helped sponsor the annual Senior Citizens Day at the Capitol. Several hundred older Oklahomans from throughout the state converged on the capitol to contact or meet legislators, attend workshops and observe the Legislature in session. Senior Oklahomans also elected senators and representatives to the state's third Silver Haired Legislature.

The 1984 Statewide Conference on Aging honored Outstanding Older Oklahoma men and women for community service and efforts on behalf of their fellow senior Oklahomans. This year's conference featured the first statewide senior Oklahoman Poetry Contest.

The state's second annual Senior Classic Games hosted by Oklahoma City Community College in cooperation with the Governor's Task Force on Physical Fitness, several local agencies and the Special Unit on Aging, emphasized the role of physical activity in maintaining wellness among older Oklahomans.

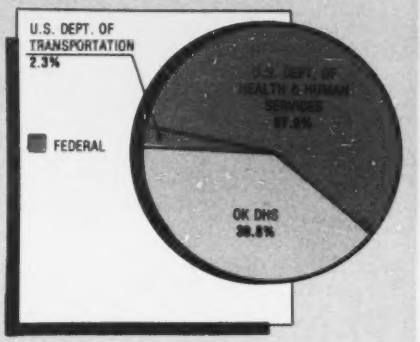
Senior Oklahomans in 68 counties consumed 12,500 meals daily in a social setting and learned more about good nutrition. In addition, an average of 2,600 meals per day were provided through the home delivered meals programs.

Through a U.S. Department of Transportation grant, more than $400,000 was awarded to private and non-profit agencies to buy 32 new vans and buses to provide transportation to and from senior citizens centers and congregate meal sites and for group outings and other services. Transportation projects provide rides in 76 of the state's 77 counties.

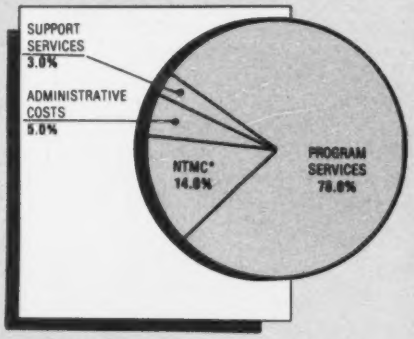
Volunteers in the Long-Term Care Ombudsman Program work on behalf of the elderly population in nursing homes, room and board homes and other long-term care facilities. The 167 volunteer ombudsmen spent 19,461 hours investigating nearly 2,000 complaints about residents' health, safety and well-being, frequently solving problems before they reached the formal complaint stage.

The Investigative Unit followed up complaints about nursing care, financial management, cleanliness, food service, elder abuse and the shortage of trained personnel at 361 nursing homes.

Receipts for aging services
% by source

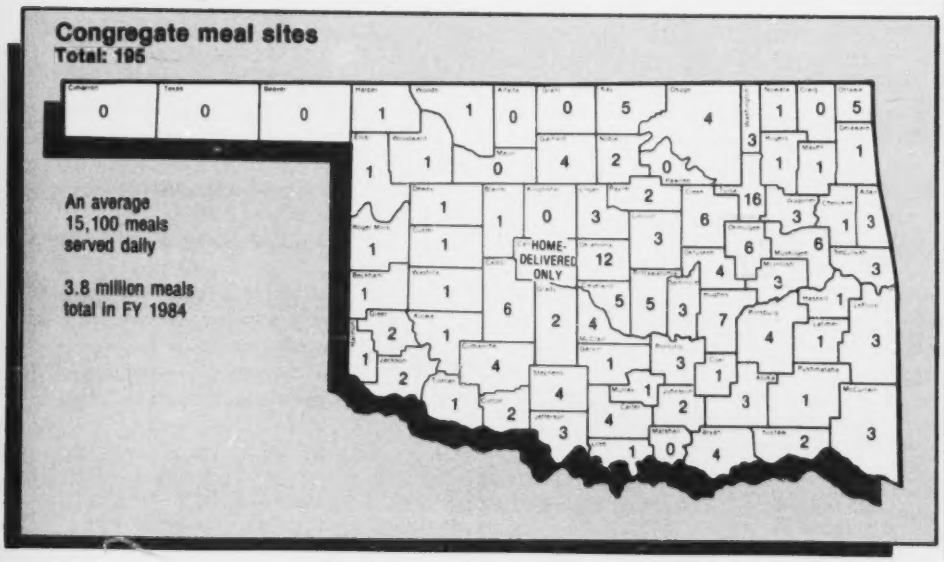


Expenditures for aging services
% by type of service



*NTMC-Non-Technical Medical Care provider payments of $30.2 million are included in medical services.

Congregate meal sites
Total: 195



Oklahoma Teaching Hospitals

PROGRAMS

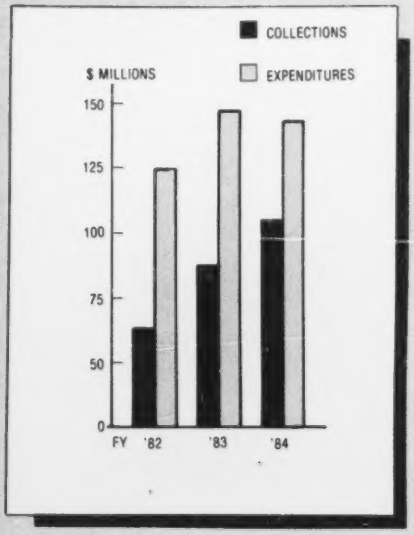
Oklahoma Memorial Hospital, Oklahoma Children's Memorial Hospital, O'Donoghue Rehabilitation Institute, Child Study Center, Medi Flight

PEOPLE SERVED: 27,000 average monthly

STAFF: 3,689.8 FTEs and 472.1 residents

COST: $146.17 million

OTH collections & expenditures
FY 1982—1984



The Oklahoma Teaching Hospitals are charged with the task of treating the state's most complex medical cases, educating the state's future health care manpower and conducting the research necessary to insure continued medical progress. Relying heavily on Medicare and Medicaid reimbursement to help meet the threefold mission, the hospitals were faced in fiscal 1984 with federal cost controls and revenue reductions and declining state tax revenues. Metropolitan hospitals were scrambling for a bigger share of private paying patients and some rural hospitals were filing bankruptcy petitions.

Physicians continued to treat the critically ill children and adults needing their medical expertise and advanced technology; the severely disabled individuals who required lengthy and highly skilled rehabilitation; children with complex disabilities and developmental problems needing a special environment with a special touch in which to learn. About 26,000 inpatients and nearly 300,000 outpatients were treated at OTH during the year.

At the helm of OTH during most of the difficult year was Dr. Owen Rennert, a pediatrician, geneticist and head of the Department of Pediatrics in the Oklahoma University College of Medicine. Dr. Rennert stepped in as acting chief executive officer of the hospitals in November 1983 when his predecessor, Dr. Donald B. Halverstadt, stepped down to return to teaching and to his private practice. As this report goes to press, another leadership change has taken place at OTH. Antonio Padilla became Chief Executive Officer in October 1984.

The consulting firm GKA Associates was contracted with to help implement an audit firm's recommendations on streamlining operations and increasing revenue.

More vigorous collection policies were put in place to help defray part of the $30 million in charity care the hospitals had written off in the previous year. Direct clinic billing was initiated, also helping account for an increase in hospital-generated revenues. A committee was formed to ready the hospitals for prospective pricing.

For the first time the three hospitals were accredited by the Joint Commission on Accreditation of Hospitals as one entity. Previously O'Donoghue Rehabilitation Institute, Oklahoma Memorial Hospital, Oklahoma Children's Memorial Hospital and the Child Study Center had been accredited individually.

In the wake of financial reform, progress continued in efforts to meet health care needs of the people of Oklahoma. New programs were begun for children with diabetes and arthritis; an outreach program in clinical genetics was developed in Ada, Enid and Lawton; the program for patients with hemophilia was expanded. The hospitals were given approval to obtain promising new magnetic resonance imaging technology; new pacemakers were made available for trials through the teaching hospitals' cardiologists.

At a time when government funding decreased and demand for services increased, community support helped thwart threats of sub-standard care or clinic closings. St. Anthony Hospital, faced with closing its obstetrical service because of lack of patients, agreed to accept referrals and thus help absorb part of a metropolitan area problem which historically had fallen on Oklahoma Memorial Hospital for resolution. Now expectant mothers with little or no financial resources had an alternative place to deliver their babies when OMH was full. This also enabled OMH to turn part of its attention to the high-risk pregnancies which it is uniquely adept at handling.

Public support also prompted an increase in the number of ventilator-equipped beds for critically ill newborns. Previously, because of a shortage of equipment and personnel, babies needing intensive care of this magnitude frequently had to be referred out of state.

Public support continued to be evident as the OTH Foundation was established, and through it the community responded to the diverse needs of the teaching hospitals. A shopping mall, sorority and local children's research board raised thousands of dollars and generated good

Enticed by the sight of a new rattle, most four-month-old infants reach out eagerly to grasp their new toy. When Dustin did not, his father knew something was wrong.

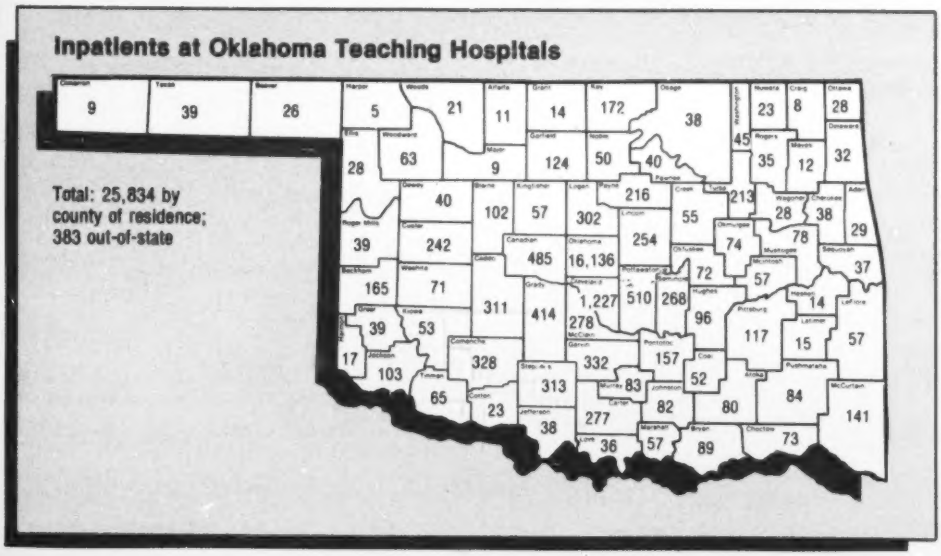
Dustin Vickers, it was confirmed, was blind and had been since birth.

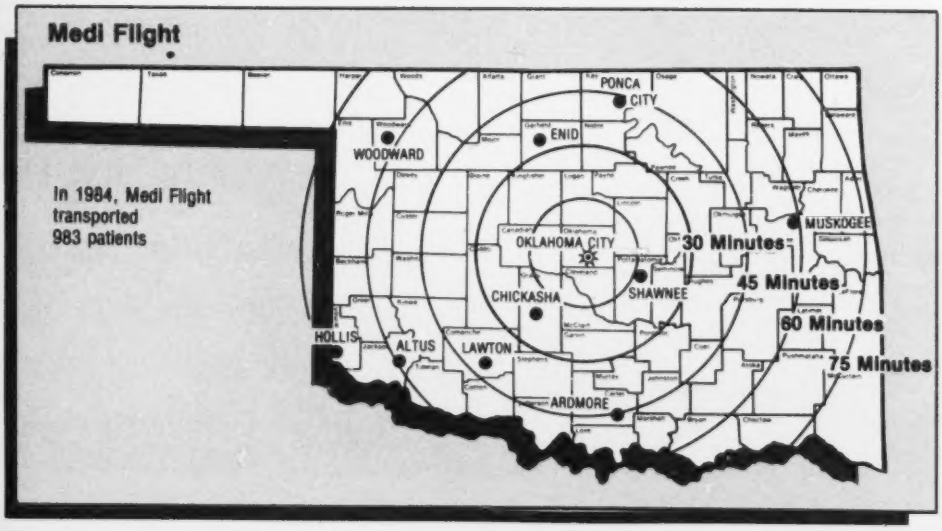
But Dustin was lucky. He was seen immediately by a team of professionals at the Oklahoma Teaching Hospitals Child Study Center. After nearly two years of training, he has become an energetic toddler who is learning to handle his darkened world.

will for the hospitals. A staff member's dream of a "Little Medical School" and permanent heart/lung exhibit came closer to fruition as a science museum adopted his proposal and began fundraising.

New questions, ethical questions, emerged on the national scene. As "Baby Doe" right-to-treatment issues were debated around the country, Oklahoma Children's Memorial Hospitals's spina bifida program was thrust into the national limelight. Hospital officials, physicians, families, lawmakers and lawyers in every state began to wrestle with the controversy surrounding medical care for severely handicapped infants.

Oklahoma's courts, for the first time since legislation was passed protecting a child's rights to medical care, intervened to make possible heart surgery for a child whose family chose no medical care based on religious beliefs.





Regional Statistics

OKLAHOMA

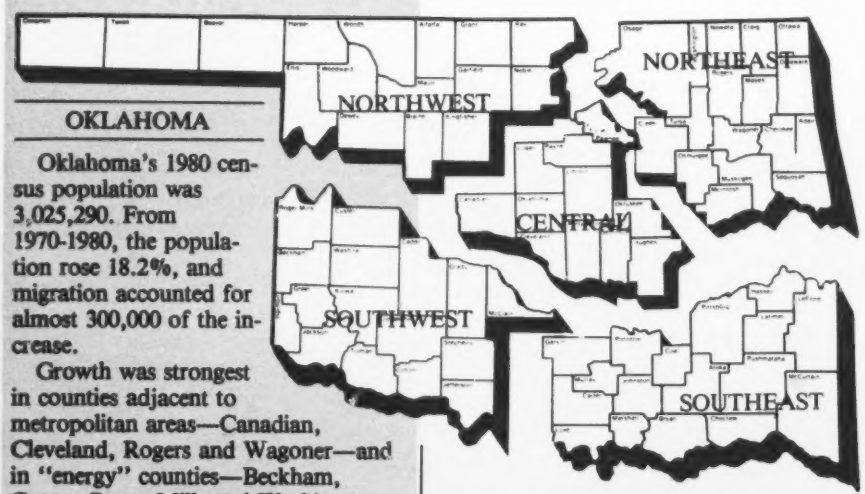
Oklahoma's 1980 census population was 3,025,290. From 1970-1980, the population rose 18.2%, and migration accounted for almost 300,000 of the increase.

Growth was strongest in counties adjacent to metropolitan areas—Canadian, Cleveland, Rogers and Wagoner—and in "energy" counties—Beckham, Custer, Roger Mills and Washita.

Only 8 counties lost population with Cimarron, Greer and Harmon decreasing about 12% each.

The median age rose from 29.4 years in 1970 to 30.1 in 1980.

In 1980, 12.4% of the population was older than 64 years of age, 28.3% were younger than 18 and 59.3% were 18 to 64 years old.



NORTHWEST REGION D

—Counties: Alfalfa, Beaver, Blaine, Cimarron, Dewey, Ellis, Garfield, Grant, Harper, Kay, Kingfisher, Major, Noble, Texas, Woods and Woodward.

—1980 Population. 250,600, ranging from 3,650 in Cimarron County to 62,800 in Garfield County.

—Population change, 1970-80. Ranging from -12 percent in Cimarron County to +36.3 percent in Woodward County.

—Median age. Ranging from Woodward County, males 27.5 years and females 29.4 years, to Grant County, males 37.7 years and females 44.6 years.

—1980 per capita income. Ranging from $7,967 in Blaine County to $17,411 in Cimarron County.

—1984 DHS expenditures. $67.9 million, ranging from $0.4 million in Cimarron County to $36.2 million in Garfield County.

—1984 Food stamp recipients. 29,613, ranging from 240 in Harper County to 7,764 in Garfield County.

NORTHEAST REGION A

—Counties. Adair, Cherokee, Craig, Creek, Delaware, McIntosh, Mayes, Muskogee, Nowata, Okmulgee, Osage, Ottawa, Rogers, Sequoyah, Tulsa, Wagoner and Washington.

—1980 Population. 1,022,500, ranging from 11,500 in Nowata County to 470,600 in Tulsa County.

—Population change, 1970-1980. Ranging from +2 percent in Craig County to +88.6 percent in Wagoner County.

—Median age. Ranging from Cherokee County, males 27.7 years and females 29.5 years, to McIntosh County, males 38.9 years and females 42.2 years.

—1980 per capita income. Ranging from $4,408 in Adair county to $12,586 in Washington County.

—1984 DHS expenditures. $296 million, ranging from $3.5 million in Nowata County to $124.6 million in Tulsa County.

—1984 Food stamp recipients. 194,179, ranging from 2,355 in Craig County to 70,918 in Tulsa County.

CENTRAL REGION B

—Counties. Canadian, Cleveland, Hughes, Lincoln, Logan, Okfuskee, Oklahoma, Pawnee, Payne, Pottawatomie and Seminole.

—1980 Population. 997,900, ranging from 11,100 in Okfuskee County to 568,900 in Oklahoma County.

—Population change, 1970-80. Ranging from +7.8 percent in Oklahoma County to +75.1 percent in Canadian County.

—Median age. Ranging from Payne County, males 23.6 years and females 24.6 years, to Hughes County, males 35.8 years and females 41.9 years.

—1980 per capita income. Ranging from $5,950 in Okfuskee County to $11,422 in Oklahoma County.

—1984 DHS expenditures. $341 million, ranging from $3.5 million in Pawnee County to $246.8 million in Oklahoma County.

—1984 Food stamp recipients. 129,029, ranging from 2,901 in Okfuskee County to 74,101 in Oklahoma County.

SOUTHWEST REGION C

—Counties. Beckham, Caddo, Comanche, Cotton, Custer, Grady, Greer, Harmon, Jackson, Jefferson, Kiowa, McClain, Roger Mills, Stephens, Tillman and Washita.

—1980 Population. 392,900, ranging from 4,500 in Harmon County to 112,450 in Comanche County.

—Population change, 1979-80. Ranging from -12 percent in Harmon County to +34.5 percent in Grady County.

—Median age. Ranging from Comanche County, males 23.1 years and females 26.3 years, to Greer County, males 35.3 years and females 49.3 years.

—1980 per capita income. Ranging from $6,962 in Comanche County to $9,635 in Stephens County.

—1984 DHS expenditures. $95.8 million, ranging from $1.2 million in Roger Mills County to $21.2 million in Comanche County.

—1984 Food stamp recipients. 71,684, ranging from 1,007 in Roger Mills County to 17,566 in Comanche County.

SOUTHEAST REGION E

—Counties. Atoka, Bryan, Carter, Choctaw, Coal, Garvin, Haskell, Johnston, Latimer, LeFlore, Love, McCurtain, Marshall, Murray, Pittsburg, Pontotoc and Pushmataha.

—1980 Population. 361,050, ranging from 6,050 in Coal County to 43,600 in Carter County.

—Population change, 1970-80. Ranging from +8 percent in Pittsburg County to +37 percent in Marshall County.

—Median age. Ranging from McCurtain County, males 28.2 years and females 30.9 years, to Marshall County, males 37 years and females 43.6 years.

—1980 per capita income. Ranging from $4,157 in Pushmataha County to $9,000 in Carter County.

—1984 DHS expenditures. $161.6 million, ranging from $1.7 million in Love County to $30.3 million in Garvin County.

—1984 Food stamp recipients. 103,104, ranging from 1,404 in Love County to 14,262 in McCurtain County.

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